

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2000 8:00 am**  
**Secretary of State**

02-13-2000 90013 032 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # N98000002165</b>			
1. Entity Name <b>DADE COUNTY FIREFIGHTERS BENEVOLENT BENEFIT ASSO</b>			
Principal Place of Business P.O. BOX 1252 SOUTH MIAMI FL 33243		Mailing Address P.O. BOX 1252 SOUTH MIAMI FL 33243	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>23-7034884</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>PORTER, FRANK 19200 NW 22 ST PEMBROKE PINES FL 33029</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code			
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE *Frank Porter* DATE 1-28-2000  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>MARTIN, JOHN</b>	NAME			
STREET ADDRESS	<b>P.O. BOX 1252</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>SOUTH MIAMI FL 33243</b>	CITY-ST-ZIP			
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>PORTER, FRANK</b>	NAME			
STREET ADDRESS	<b>P.O. BOX 1252</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>SOUTH MIAMI FL 33243</b>	CITY-ST-ZIP			
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>SOEDER, JOHN</b>	NAME			
STREET ADDRESS	<b>P.O. BOX 1252</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>SOUTH MIAMI FL 33243</b>	CITY-ST-ZIP			
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>ADAMS, JIM</b>	NAME			
STREET ADDRESS	<b>P.O. BOX 1252</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>SOUTH MIAMI FL 33243</b>	CITY-ST-ZIP			
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>BARFIELD, MARK</b>	NAME	<b>BARFIELD, MIKE</b>		
STREET ADDRESS	<b>16241 SW 282 ST</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>HOMESTEAD FL 33033</b>	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *FRANK PORTER* DATE 1-28-2000 DAYTIME PHONE # 954436-6743  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)